

JOHN SEPTIMUS ROE ANGLICAN COMMUNITY SCHOOL

VACATION CARE BOOKING FORM DECEMBER 2024 – JANUARY 2025

Child's Full Name	Year	Office Use Only	
		ST KEY	DF KEY
1.			
2.			
3.			
4.			

I/We wish to book my child for the following sessions:

TICK APPROPRIATE COLUMN

Day	Dates	Child 1	Child 2	Child 3	Child 4
Thursday	5 December 2024				
Friday	6 December 2024 Closing at 4pm				

Day	Dates	Child 1	Child 2	Child 3	Child 4
Monday	9 December 2024				
Tuesday	10 December 2024				
Wednesday	11 December 2024				
Thursday	12 December 2024				
Friday	13 December 2024				

Day	Dates	Child 1	Child 2	Child 3	Child 4
Monday	16 December 2024				
Tuesday	17 December 2024				
Wednesday	18 December 2024				

Day	Dates	Child 1	Child 2	Child 3	Child 4
Wednesday	8 January 2025				
Thursday	9 January 2025				
Friday	10 January 2025				

Day	Dates	Child 1	Child 2	Child 3	Child 4
Monday	13 January 2025				
Tuesday	14 January 2025				
Wednesday	15 January 2025				
Thursday	16 January 2025				
Friday	17 January 2025				

Day	Dates	Child 1	Child 2	Child 3	Child 4
Monday	20 January 2025				
Tuesday	21 January 2025				
Wednesday	22 January 2025				
Thursday	23 January 2025				
Friday	24 January 2025				

Day	Dates	Child 1	Child 2	Child 3	Child 4
Monday	Centre closed				
Tuesday	28 January 2025				
Wednesday	29 January 2025				
Thursday	30 January 2025				
Friday	31 January 2025				

Day	Dates	Child 1	Child 2	Child 3	Child 4
Monday	3 February 2025				
Tuesday	4 February 2025				

**** Beginning of 2025 school dates are yet to be confirmed**

Note:

- Bookings can be made by returning this form to Out of School Care centre or by email to oscbookings@jsracs.wa.edu.au
- Bookings will be invoiced 2 weeks in arrears.
- Bookings not cancelled 1 week prior to the booking date will be charged.
- Credit Card/Direct Debit details must be provided to the School. Payment for fortnightly accounts as advised will be processed by Credit Card or Direct Debit by the School.
- Payment enquiries to the Accounts office on 9247 2242.

I/We confirm Credit Card/Direct Debit details have been provided (Authority Form enclosed) to the School for Out of School Care Fees.

Yes No

I/We confirm that we have enrolled our child/children in the Out of School Care Programme and that this booking is accepted on the basis of information in this form, the current Fee Schedule and Out of School Care Information Booklet.

Name:	Daytime Contact Number:	
Signed:	Date:	
Office Use: <i>Booking Processed</i>	By:	Date: